



MONTANA MEDICAID CLAIM JUMPER

Volume XVI

The Montana Medicaid Newsletter

Spring 2002

COST SHARING CHANGES

Budget deficits in the Montana Medicaid Program require the Department of Public Health and Human Services to make substantial changes in how clients receiving Medicaid services participate in their health care costs. This change affects all health care providers and/or services that required copay prior to April 1, 2002.

Effective April 1, 2002 Montana Medicaid will change the cost sharing requirements for clients:

- Cost sharing means clients will pay either a copayment or a coinsurance depending on the service.
- A copayment is a set dollar amount that is paid by the client to a health care provider for services.
- Coinsurance is a percentage of the Medicaid allowed amount for services that is paid by the client to a healthcare provider.

Providers or services that were EXEMPT from copay before April 1, 2002, will continue to be EXEMPT from cost sharing. They include:

- emergency services
- family planning
- home dialysis attendant
- home & community based waiver services
- eyeglasses purchased through a volume purchasing agreement
- hospice
- personal assistance
- transportation
- early and periodic screening, diagnostic, and treatment services (EPSDT)

Those clients who were EXEMPT from copay before April 1, 2002, will continue to be EXEMPT from cost sharing. They are:

- pregnant women
- nursing home residents
- clients under age 18 (formerly clients under age 21)

Effective April 1, 2002:

- Copay charged to clients receiving Medicaid services for inpatient hospital stays will increase from \$100 to \$200 per discharge.
- The copay for services furnished by the health care providers will be replaced by coinsurance. The coinsurance will be 5% of the amount Medicaid allows for the service. The minimum coinsurance for outpatient drugs will be \$1 per prescription or whichever is greater.
- The total cost sharing cap for clients receiving Medicaid services will increase from \$200 per state fiscal year (July 1st through June 30th) to \$500. Because this change is effective April 1, 2002, those clients who had met their \$200 cap will resume payments until the \$500 cap is met.

Cost sharing information will be sent to all Medicaid clients with their April 2002 Medicaid cards. Additional information concerning these changes is available to Medicaid clients at their local County Office of Public Assistance.



PLEASE REMEMBER – as providers of Montana Medicaid, you agreed to keep us informed when your address, phone number or Tax ID number change. In order to keep your warrants coming to you in a timely fashion, notify us of a new address 6 to 8 weeks before your move. Letting us know of a Tax ID number change in advance also ensures we can help you reenroll with the new Tax ID number promptly. If you have any questions about this process, call Provider Relations at the numbers listed on the back of the newsletter.

Weekly Payment Cycle Available for Providers

You should have received a provider notice dated February 14, 2002, alerting providers to their options for remittance advices and payment. This notice included a registration form that must be filled out in order to change to weekly payments. There are a variety of possible combinations of payment and remittance advices, but in order to receive weekly payments, you must request an electronic remittance advice as well as receiving an electronic funds transfer. Providers are beginning to request weekly payments, and ACS and DPHHS have begun this process. Please be certain when requesting weekly payments that you include the completed direct deposit form. If you have any questions about this process, call Provider Relations for assistance.

Provider Number Policy Change

The following providers will be affected by this change in DPHHS policy – physicians, mid-level practitioners, podiatrists, optometrists, audiologists, hearing aid providers, durable medical equipment providers, ambulatory surgical centers, dentists, freestanding dialysis clinics, physical, occupational and speech therapists, pharmacists, EPSDT providers, private nursing providers, nutritionists and QMB chiropractors.

This policy change states that it is no longer required that providers maintain a separate provider number for each location where they practice. Providers may elect to keep separate provider numbers for each location if they so desire. However, providers must maintain a separate number for each tax identification number and each separate provider type.

As long as all provider numbers are under the same tax identification number, providers may select the one number they choose to keep. Send termination letters for the other provider numbers to ACS Provider Relations. These letters must have an original signature. Please call ACS Provider Relations with any questions.

HIPAA Update



Although the federal government has allowed providers to file for an extension until October 2003 in order to meet HIPAA regulations, now is not too soon to begin the planning and conversion processes. Montana Medicaid will be accepting HIPAA-compliant claims by October 2003. Some ideas for meeting the HIPAA regulations can be found on many of the federal and state websites having to do with HIPAA. You can sign up for the HHS listserv, which will keep you up to date on the HIPAA regulations as they are finalized. Go to the HHS web site (<http://aspe.hhs.gov/admsimp>) and click on "subscribe to the HIPAA-REGS listserv". Instructions will follow for you to sign up for the listserv. However, if you just want to read a specific regulation, go to the same web page, and click on "view or download rules only here", and you will be guided to an area where you can select the particular rule you are interested in.

If you are interested in taking a risk assessment for HIPAA, go to the MediCal web site (<http://medi-cal.ca.gov>). Follow the links to the HIPAA update area. Under HIPAA overview, they have an excellent risk assessment description, which helps you begin the process of seeing what you will need to change in your provider office as well as many links which will help educate you on HIPAA. We will also be discussing HIPAA and its impact on providers during our Provider Training Sessions. See the insert for additional information.

Recently Released Publications

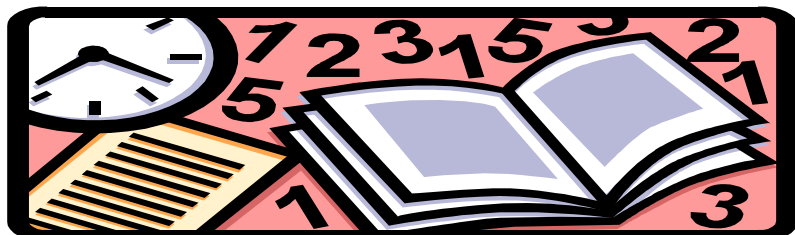
The following is a list of publications sent out since the release of the last *Claim Jumper*. If you would like extra copies of these publications, please contact ACS Provider Relations.

Date	Sent to	Topic
11/20/01	Hospital Providers	DRG Version Change
12/13/01	School-Based Providers	Third Party Insurance Notice
12/13/01	Durable Medical Equipment Providers	HCPCS Code Changes for 2002
12/21/01	Pharmacy Providers	Pharmacy Provider Manual Replacement Pages
12/31/01	Inpatient Hospital, Outpatient Hospital, EPSDT, Nutritional Services, Private Duty Nursing, Chiropractic, Podiatry, Physical Therapy, Speech-language Pathology, Occupational Therapy, Audiology, Optometry, Public Health Clinic, Dental, Pharmacy, DMEOPS, Non-Emergency Transportation, Ambulance, Physician, Ambulatory Surgical Center, Non-Hospital Lab and X-ray, Denturist, Mid-level Practitioner, QMB Chiropractic, Freestanding Dialysis Clinic	Reimbursement Reductions
01/11/02	Mental Health Providers	Budget Reductions
01/28/02	Private Duty Nursing Providers	LPN Wage Increase
01/31/02	Nutritional Services Providers	Diabetes Self-Management Training
02/14/02	All Providers	Weekly Payment Cycle
02/22/02	Rural Health Clinic Providers	Billing Guidelines
02/22/02	Federally Qualified Health Clinic Providers	Billing Guidelines
03/14/02	All Providers	Cost-Sharing Notice
03/21/02	DMEOPS Providers	Prior Authorization Reminders

Protected Health Information

As part of preparing for HIPAA, you should begin assessing how you train new employees, and what sorts of information they see as they are being trained. If you expose an employee to the Protected Health Information of patients before they have been completely trained, they may not understand their duty to maintain that patient's confidentiality and security. Education on security and privacy issues will become essential for all employees, but will be especially necessary for the new employee who may not have been introduced to confidential information in the past. Make sure that there is documented training on the security and privacy issues for each employee, signed by both trainer and employee. This will help show that the trainer has discussed the confidentiality of the information with the employee.

We will continue to issue tips for providers dealing with the HIPAA regulations for the next few months. For additional help, see the article in this issue of the *Claim Jumper*.



The January 2002 fee schedules for all providers are currently available upon request from ACS Provider Relations. Requests for these schedules must be received in writing either via FAX (406-442-4402) or by mail. If you have already requested a fee schedule from ACS, it will be mailed out shortly.

INFORMATION TELEPHONE NUMBERS

Provider Relations	1-800-624-3958 (Montana Providers) (406) 442-1837 (Helena and Out-of-State Providers) (406) 442-4402 (FAX)		
FAXBACK	1-800-714-0075	AUTOMATED VOICE RESPONSE	1-800-714-0060
Point-of-Sale Help Desk	1-800-365-4944	PASSPORT	1-800-480-6823
Direct Deposit	(406) 444-5283		

MONTANA MEDICAID

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Are you tired of your old, yellow General Provider Manual? Have you seen the new Pharmacy and Dentist Manuals and wished you could have a looseleaf manual with an index and tabs? Your opportunity is coming this spring. Watch for your new General Provider Manual in the mail shortly, along with a Supplement giving information on PASSPORT and other valuable topics for most providers. Then later this spring we will be issuing a new manual for physicians, mid-level practitioners, podiatrists, public health clinics, independent labs and imaging facilities. The providers who receive this new manual will not receive the Supplement, since this information will be included in the upcoming manual. ACS and DPHHS are collaborating on these new manuals, designed to be user-friendly as well as easy to update.

Provider Training Dates and Schedule Enclosed

Please read the insert carefully – it includes all the dates and the schedule for the Spring 2002 Provider Training. This is one of your best opportunities to meet with other providers, get your questions answered, and learn about new policies and procedures within ACS and DPHHS. Please register as soon as possible – we are looking forward to seeing you!!

Provider Training Sessions 2002

Dates/Locations for Training - May 14-15, Hamilton Senior Center, Hamilton
 June 11-12, Holiday Inn Grand Montana, Billings
 June 26-27, Marias Medical Center Conference Rm., Shelby

This year we are modifying Provider Training in response to your suggestions. We are offering a half day (1-5 pm) session for New Billers, and a second, full day session for All Billers. The schedule follows:

Day One – New Billers

1 pm – Eligibility Verification/ Prior Authorization
2 pm - Acronyms/ Who's on the Phone??
3 pm – Remittance Advice/Adjustments/Common Denial Reasons
4 pm – Filling out the CMS-1500 & UB-92 forms

Day Two – All Billers

8 am – Recap of Day Before/New Issues/New Provider Manual format
9 am – General Medicaid Policy Panel
10 am – PASSPORT for Health Program
11 am – SURS/ Credit Balance
11:30 – 12:30 – Lunch (on your own)
12:30 – 1:45 – HIPAA
2 pm – TPL/Medicare/104 Global Surgery
3 – 5 pm – Specific Claim Questions with ACS staff & DPHHS Program Officers

***Please note our request that you bring ALL paperwork for claims that you would like to discuss. ACS or DPHHS cannot give an appropriate answer to your questions without your paperwork.

Pre-Registration

We ask that you pre-register if you plan to attend any of the upcoming Spring training seminars. Please complete the following and return to ACS as soon as possible.

Provider #: _____ Provider Name: _____

Contact Name: _____ Phone Number: _____

Type of Provider (i.e., physician, hospital, etc.): _____

Which seminar location will your office attend? _____

Number of staff attending? _____ First Names of Staff Attending: _____

Any concerns or areas you would like to see covered during this training seminar?

MONTANA MEDICAID PROVIDER TRAINING

HOW DOES IT WORK?

We have listed the dates, times, and locations of the seminars on the reverse page. Simply choose the site that is most convenient, and take advantage of an opportunity to learn more about Medicaid. There will be a question and answer period during each session; this allows everyone an opportunity to ask questions specific to his or her concerns.

WHO SHOULD ATTEND?

Seminars are designed for both beginning and established billers. We encourage billing staff and office managers to attend.

HOW DO YOU SIGN UP?

Please complete the Pre-Registration form on the reverse side of this page if you plan to attend one of the seminars and return by mail to ACS as soon as possible.

SEMINAR ADDRESSES:

May 14-15, Hamilton Senior Center, 820 N. 4th St., Hamilton
June 11-12, Holiday Inn Grand Montana, 5511 Midland Rd., Billings
June 26-27, Marias Medical Center, 640 Park Drive, Shelby

ACS

P.O. BOX 8000
HELENA, MONTANA 59604

PLACE STAMP HERE

ACS – SPRING SEMINAR PRE-REGISTRATION
P.O. BOX 4936
HELENA, MONTANA 59604